

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2011 thru 6/30/2013.

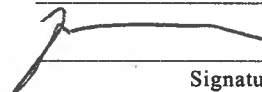
Employer: Springfield

County: Union

Date: 6/21/2012

Name: Matthew A. Clarke
Print Name

Title: SBA/BS


Signature

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: Springfield County: Union
 Employee Organization: Springfield Education Association Employees in Unit: 311
 Base Year Contract Term: 5/17/2010 6/30/2011 New Contract Term 7/1/2011 6/30/2012
 Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic			
Item 1	Salary	\$15,204,239	\$15,508,356
Item 2	Increment		
Item 3	Longevity	\$33,585	\$33,585
Item 4	Tuition	\$95,000	\$95,000
Item 5	Extra Curricular	\$405,000	\$405,000
Item 6			
Item 7			
Item 8			
Item 9			
Item 10			
Item 11			
Item 12			
Any additional items list on separate sheet Additional Items			
Section III: Totals - Sum of costs in each column		\$15,737,824 (Total)	\$16,041,941 (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$15,737,824

Effective Date (m/d/yyyy)	7/1/2011	7/1/2012			
Percent Increase	1.93	1.94			
Total cost of Increase ..	\$304,117	\$310,479			
Total base salary (successor agreement)	\$16,041,941	\$16,352,420			

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 1.94
 Dollar Impact (average per year over term of agreement) \$307,298.00

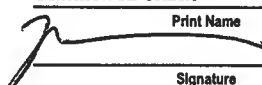
Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan	\$4,072,156	\$4,390,400			
Employee Contributions	\$90,000	\$232,625			
Prescription					
Dental					
Vision					

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by: Matthew A. Clarke Title: SBA/BS
 Signature:  Date: 6/21/2012